

Department of Health and Human Services
Centers for Disease Control and Prevention
House Committee on Appropriations
Subcommittee on Labor, Health and Human Services, and Education
Hearing on FY 2005 President's Budget
Wednesday, March 31, 2004
10:15 a.m.

Principal Witness:

Julie Louise Gerberding, MD, MPH
Director, Centers for Disease Control and Prevention
Administrator, Agency for Toxic Substances and Disease Registry

Accompanied by:

John Tibbs, Director, Financial Management Office, CDC
William Beldon, Acting Deputy Assistant Secretary for Budget, HHS

FY 2005 Labor-HHS-Education Appropriations Testimony

Mr. Chairman, Congressman Obey, other distinguished members of the subcommittee, thank you for the opportunity to appear before you today on behalf of the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry (hereafter referred to as CDC). Our mission, as part of the Department of Health and Human Services, is to protect the health and safety of the American people through activities that range from terrorism preparedness and response, to promoting worker safety, to preventing birth defects and limiting the spread of infectious diseases.

These responsibilities require a strong strategic focus that allows CDC to balance emerging issues with our vision for safer, healthier people in every community. Thus, in June 2003, I initiated an agency-wide strategic planning process to transform CDC into a substantially more integrated, adaptive and highly effective organization. This process, termed the Futures Initiative, is guiding CDC's efforts to meet the public health challenges of this and future generations.

As part of this strategic planning, we conducted an "outside-in" process of gathering information from partners, stakeholders, and the public to evaluate CDC's organization, scope, and reach. Key findings from the feedback have helped us develop two overarching health protection goals for CDC:

- Preparedness: *People in all communities will be protected from infectious, environmental, and terrorist threats.*
- Health Promotion and Prevention of Disease, Injury and Disability: *All people will achieve their optimal lifespan with the best possible quality of health in every stage of life.*

CDC has long been known for its effectiveness in preparedness. Our goal in this area is to enhance that capacity. But our agency is less well known for its efforts to promote health and to prevent disease, injury and disability. A new focus on health promotion in every stage of life will help CDC to reach our customers, the American public, with the science, programs, and information they need to achieve optimal life span and quality of life.

In order to achieve these goals, we are focused on several new strategic imperatives:

- CDC will be a customer-oriented organization. CDC's primary customers are the people whose health we are working to protect. We will work with our current valued partners and with new partners in health care, education, and business to increase positive health impact.
- Science will remain the foundation for all CDC programs, policies, and practices. The new, enhanced CDC will include robust intramural and extramural research programs to find solutions needed to reach our new health protection goals.
- CDC will assume greater leadership to strengthen the positive health impact of the state and local public health systems.
- CDC will establish clear priorities for its global programs and increase global connectivity to ensure rapid detection and response to emerging health threats.
- CDC will modernize its management and business practices to become more efficient, effective, and accountable.

CDC's central governing principle will undergo a fundamental reshaping in the process, moving us away from a focus on *disease control* to a more holistic aim of

health protection. This new strategic direction will enable us to function more responsively and proactively in the “new normal.” The “new normal” for public health is characterized by multiple and ever-present threats, including the possibility of biological or chemical terrorism and the emergence of new infectious diseases such as SARS. But the “new normal” also requires that, at the same time that CDC is preparing for these potential hazards, we must also remain vigilant against longstanding public health concerns like physical inactivity and poor nutrition. Together these account for an estimated 400,000 deaths per year in this country. Chronic disease is becoming more urgent as our population ages. Preventable injury remains the leading cause of death for Americans under age 35. In addition, vaccine-preventable disease requires renewed focus with each new birth in this country. This vast array of public health priorities requires that we move beyond disease avoidance to a health protection and well-being approach that spans all life stages and reaches every community.

Over the long term, the Futures Initiative will assure agency readiness to confront both traditional and emerging public health threats with equal vigor. Prospects for advancing these goals in the coming fiscal year are decidedly positive, as reflected in the President’s fiscal year (FY) 2005 budget request of \$6.9 billion for CDC. This request will enable CDC to address our central strategy of health protection, with a dual focus on preparedness and prevention, while capitalizing on science and research to achieve public health goals. We will continue to upgrade our buildings and facilities, and we will further strengthen the public health infrastructure at home and abroad, areas in which we have made extraordinary progress over the last few years, thanks in large part to the support of this subcommittee. In this context, I would like to highlight

some of my broad priorities for CDC, which the President has endorsed in his budget request for FY 2005. These priorities include 1) Safeguarding Public Health in the 21st Century, and the overarching goals from the Futures Initiative: 2) Public Health Preparedness, and 3) Health Promotion and Prevention of Disease, Injury, and Disability.

Safeguarding Public Health in the 21st Century

As the lead federal agency for protecting the health and safety of Americans, CDC strives to prevent disease, injury, and disability through a wide range of public health activities. The agency had a historic year in 2003, characterized by efforts like the massive deployment of CDC staff to respond to the emergence of SARS, detection of the first case of monkey pox in the Western Hemisphere, and enhanced surveillance and response to a geographically expanding epidemic of West Nile virus. CDC is positioned to advance our critical public health enterprise further in 2004 through programmatic enhancements in areas like obesity prevention, autism research, worldwide infectious disease detection, and school-based health promotion. Building on key investments provided by the Congress in the current fiscal year, the President's request for FY 2005 will enable continued progress in many of these priority areas.

Halfway through the Buildings and Facilities Master Plan timeframe (FY 2000-FY 2009), CDC is making dramatic advances in our physical infrastructure in order to maintain the public health security of the nation. Using innovative procurement and design methods, CDC is on target to provide our first class scientists with state-of-the-art public health facilities. Four major projects are set for completion in 2005: the

Emerging Infectious Disease Laboratory, Global Communications Center, Headquarters and Emergency Operations Center, and Environmental Toxicology Laboratory. Continued investment of \$81.5 million for buildings and facilities in FY 2005 will guarantee continuity in CDC's essential public health activities, and will assure rapid and effective response to public health emergencies.

In order to leverage available resources effectively, public health leaders must have current, widely applicable health statistics to help define the problem. High quality data are essential for the identification of public health trends, which in turn impact the allocation of human and fiscal resources at the federal, state, and local levels. CDC's health statistics operation collects data from birth and death records, medical records, interview surveys, and through direct physical exams and laboratory testing. As a trusted source of critical information for the public and private health sectors, this capacity has been and must remain the industry gold standard. In recognition of the need to modernize this function, the President's budget request includes an increase of \$22 million for health statistics in FY 2005. This new investment will allow us to build on these critical information systems to make fundamental improvements in speed, quality, and content of the information we need for decision making and research. For example, CDC will help modernize the nation's vital statistics by updating contracts with states and implementing e-government initiatives to update the technology and content of birth and death records; ensure that health surveys, including the National Health and Nutrition Examination Survey and the National Health Interview Survey, are sufficiently strong to capture accurate information on the public's health and reflect the growing diversity of our population; and provide current information on

the rapidly changing health care delivery system, including data on long-term care and assisted living facilities. This effort will assure that health officials and policymakers continue to have access to the highest quality health statistics.

The vital importance of immunization in combating infectious disease was reinforced by the early onset of the flu season last fall and winter. Shortages in influenza vaccine prompted CDC to quickly secure additional doses for the public and to provide guidance to state and local health departments in distributing that vaccine to high-risk individuals. In an effort to increase access to other essential vaccines through the Vaccines for Children (VFC) program, the President has proposed expanding the number of public clinics that can provide VFC vaccine at no cost to underinsured children. Under current law, underinsured children, or those children whose insurance does not cover immunization, are eligible for vaccination through the Vaccines for Children program only at participating Federally Qualified Health Centers or Rural Health Centers. In FY 2005, this proposed adjustment will enable nearly 5,500 state and local health department clinics to provide VFC vaccine to an estimated several hundred thousand more children. In addition, the President's budget proposes to restore the separate tetanus and diphtheria vaccine to the vaccine program by lifting price caps that currently preclude vendors from bidding on VFC contracts. With a net increase of \$55 million in vaccine purchases in FY 2005, these changes will protect more children in this country against vaccine-preventable disease, and are consistent with CDC's overarching emphasis on health protection.

In the coming fiscal year, CDC will continue to assure broad public health protection through scientific and programmatic enhancements, with a particular focus

on transforming the agency's health statistics capacity and increasing access to childhood vaccines. These key investments in FY 2005 will further advance CDC's ability to safeguard the public's health in the 21st century.

Preparedness: *People in all communities will be protected from infectious, environmental, and terrorist threats.*

CDC is committed to strengthening the capacity of the public health system to respond to both routine and emergent health threats. To achieve this imperative, we must continue to prepare the broader public health infrastructure at home and abroad to respond to a wide range of public health emergencies.

Today, as a result of the more than \$3 billion investment Congress has devoted over the past three fiscal years, the frontlines of public health are better prepared to detect terrorism and deal with its consequences, and there are specific initiatives underway at CDC and in each state to make America even safer. For example, every state has developed an emergency preparedness and response plan and nearly 90 percent of states have trained public health practitioners in responding to terrorism. In addition, every state either has achieved or is moving toward around-the-clock capacity to send and receive critical health information, and 42 states can transmit information among state and local public health officials, hospitals, emergency departments, and law enforcement. CDC's overarching goal in this arena is to have systems in place in each community that protect citizens from infectious diseases, environmental threats, and terrorism, and these achievements represent substantial progress toward that end.

The President's budget request for CDC includes \$1.1 billion in FY 2005 through

the Public Health and Social Services Emergency Fund to continue to strengthen terrorism preparedness capacity at the federal, state and local levels. Included in the request is \$130 million for a new biosurveillance initiative that will fill a significant gap in surveillance and early warning of a potential terrorist attack or infectious disease outbreak. The benefits of this effort—which involves developing a state-of-the-art, multi-jurisdictional data sharing program to facilitate surveillance of unusual patterns or clusters around the country; adding and expanding quarantine stations at US ports of entry; and enhancing the Laboratory Response Network—will be felt in all state and local health departments. This initiative is part of an interagency effort that crosses multiple sectors, including food supply, environmental monitoring, and human health surveillance. By integrating these otherwise isolated data sources, potential public health emergencies that may have gone undetected can be identified more rapidly. Through the biosurveillance initiative and ongoing capacity-building efforts at the state and local levels, the FY 2005 budget request will continue to enhance frontline emergency preparedness.

To maximize protection against the full spectrum of public health threats, global capacity for disease detection and outbreak response must be strengthened in tandem with our efforts to improve the public health infrastructure at home. Emerging infectious diseases are a fact of life in the global community; therefore, CDC and international partners will be called upon continuously to replicate and refine the kind of rapid and coordinated public health response employed against the SARS outbreak last spring. CDC is implementing a new Global Disease Detection initiative in the current fiscal year to identify and control global infectious disease outbreaks. This

effort will fortify a variety of ongoing disease control activities by providing support to international partners and foreign governments, increasing training opportunities, and improving detection and response capabilities overseas. The President's requested increase of \$27.5 million for this essential initiative in FY 2005 represents a renewed investment in global disease preparedness efforts that will complement our efforts to shore up the public health infrastructure in the United States.

Health Promotion and Prevention of Disease, Injury and Disability: *All people will achieve optimal lifespan with the best possible quality of health in every stage of life.*

The ability to transform knowledge into impact is a fundamental element of assuring broad health protection. This is achieved through a combination of applied public health research and implementation of effective public health programs at the federal, state and local levels.

Among the innovative health protection initiatives slated for increase in FY 2005 is the *Steps to a HealthierUS* program, for which the President has requested an increase of \$81 million, for a total of \$125 million. In FY 2004, CDC is supplementing awards to the 23 communities currently funded for *Steps*, and a new round of awards will reach up to 40 communities total. Current *Steps* communities are addressing obesity, diabetes and asthma, and related risk factors, through a variety of creative efforts; these activities range from expanding community walking programs to setting up produce stands at worksites to improving quality of care for asthmatic children. The requested increase in

FY 2005 will further expand *Steps* communities and will continue to fund a select number of national organizations to provide additional support to these communities.

In addition, up to \$10 million of the requested increase for *Steps* will be used to ramp up the Diabetes Detection Initiative by identifying an additional 4 million at-risk individuals to assess their need for diabetes testing. Though early diagnosis and proper treatment can delay and even prevent the progression of serious diabetes-related health problems, such as blindness, foot and limb amputations, and kidney failure, approximately five million of the 18 million people with diabetes in the United States are unaware of their status. Once their risk status is determined, those individuals who require testing or additional care will be connected with a health care provider. The ultimate goal of the Diabetes Detection Initiative, spearheaded by Secretary Thompson, is to reduce the number of undiagnosed cases of diabetes in this country.

In recognition of the fact that early detection saves lives and is among our most cost-effective health investments, the President has requested, for the third consecutive year, an increase of \$10 million to expand the National Breast and Cervical Cancer Early Detection Program. This highly successful initiative has provided screens for nearly 2 million underserved women and has facilitated detection of over 18,000 breast and cervical cancers since 1991. The requested increase in FY 2005 will enhance support to states, tribes and territories to conduct outreach and will cover the costs of an estimated 32,000 additional screening and diagnostic services for underserved women.

Successful programs such as these rely on a solid evidence base provided by a particular brand of scientific investigation known as public health research. CDC's programs specialize in this type of research, generating solutions that enable public

health to fill the critical gap between what we know from the laboratory and what we do in the real world. Our credibility as a scientific agency depends on the quality of public health research, conducted at CDC and through extramural agreements with academic institutions, that our programs support. CDC is steeped in a continuous effort to implement evidence-based public health programs whose characteristics are defined by this type of essential research and whose outcomes can be measured by the health impact they achieve.

These critical initiatives to safeguard public health align with CDC's overarching focus on health protection rather than simply disease control. Ongoing research continues to move public health science forward and investments in goal-oriented and performance-based programs will further our efforts to protect health and improve quality of life in this country.

In closing, let me reiterate my thanks for the opportunity to be here to discuss the support CDC has received in the President's FY 2005 budget request to Congress. These critical investments will allow us to move forward on our path to making CDC an integrated, adaptive, and highly effective organization. I would like to express particular thanks to you, Mr. Chairman, and to the members of this subcommittee, for your continued support of our activities to protect and enhance the public's health. I look forward to working with Congress to fulfill our essential public health mission, and I would be happy to answer any questions you might have.